

002F90-692F6560

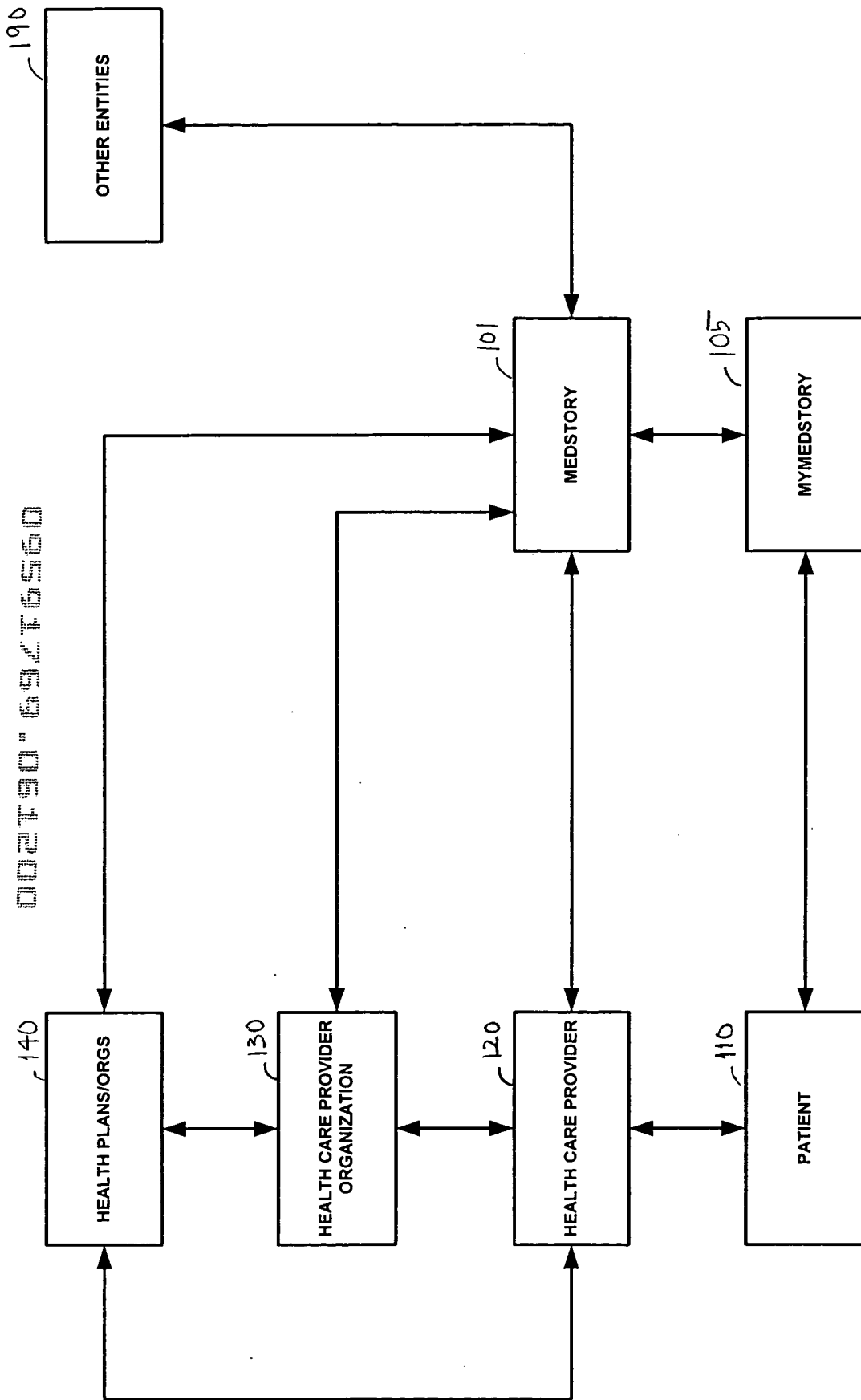


FIG. 1

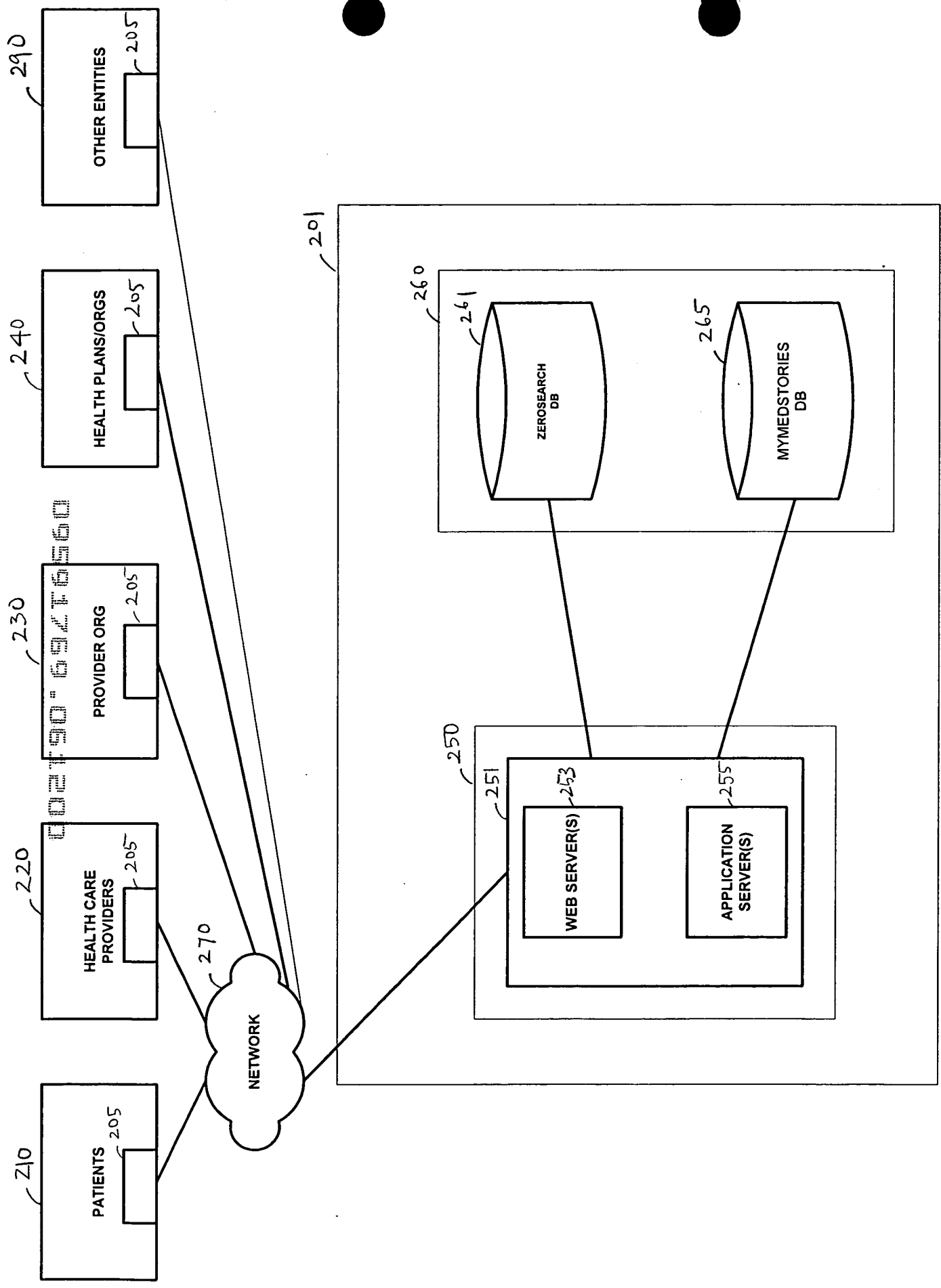


FIG. 2

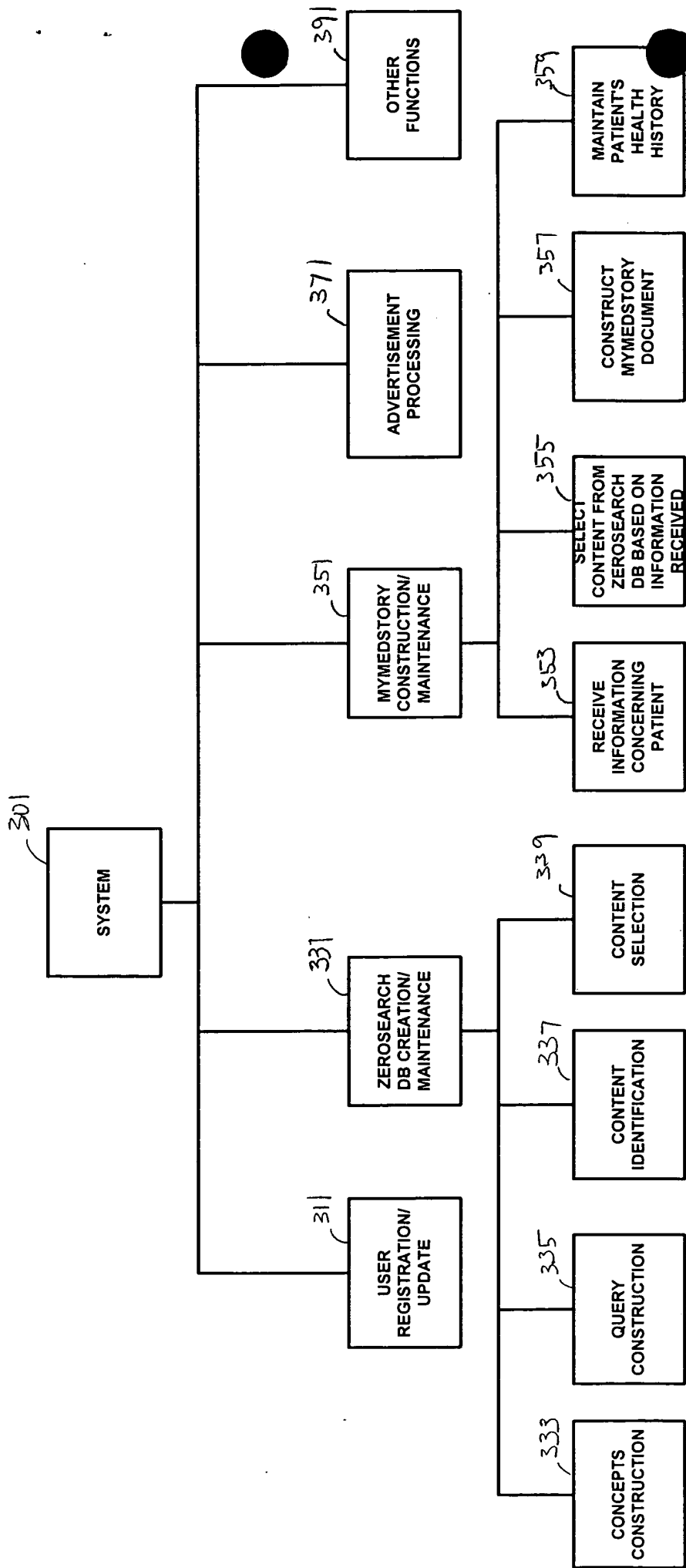


FIG. 3

09591769-061200

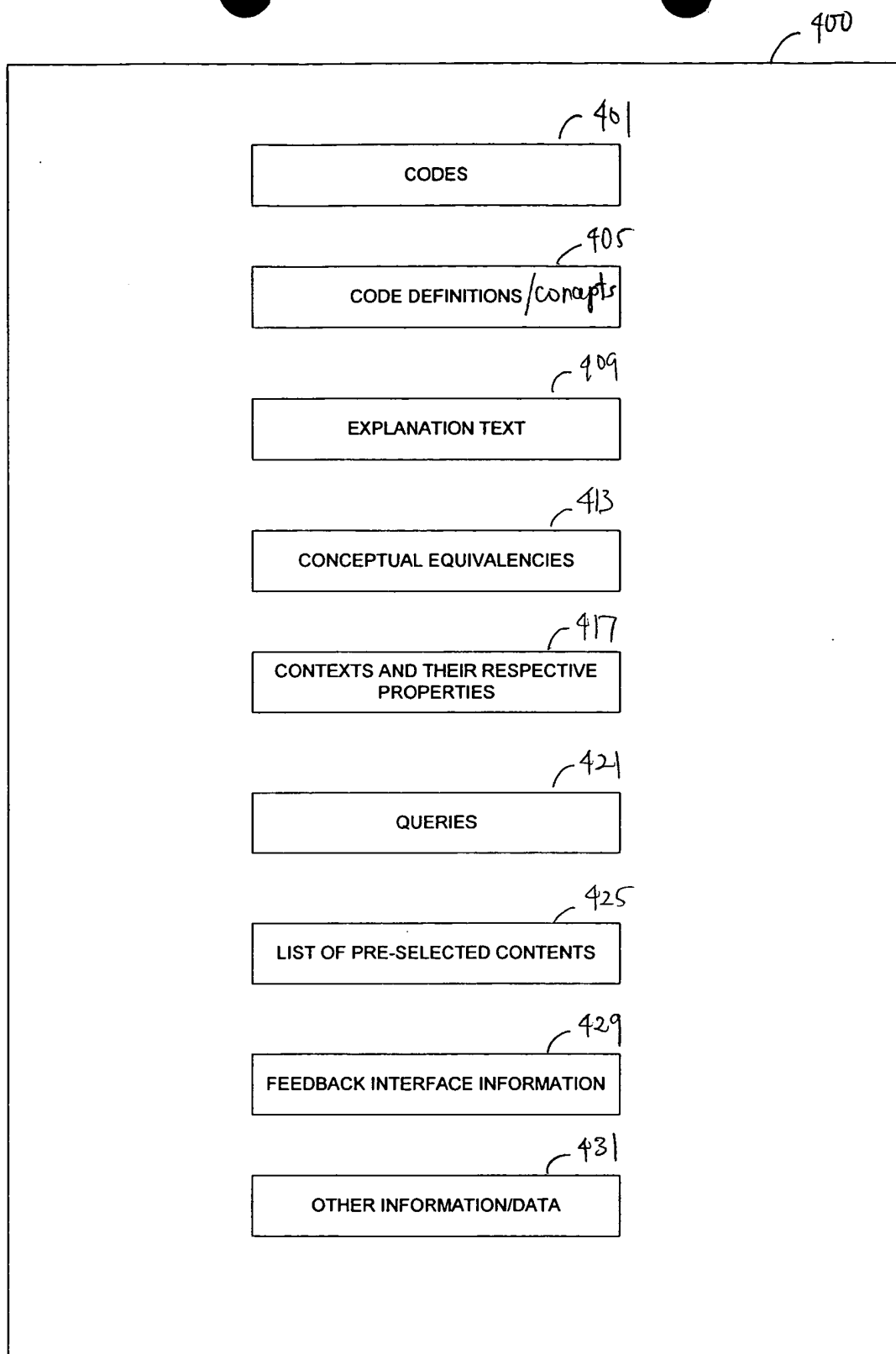
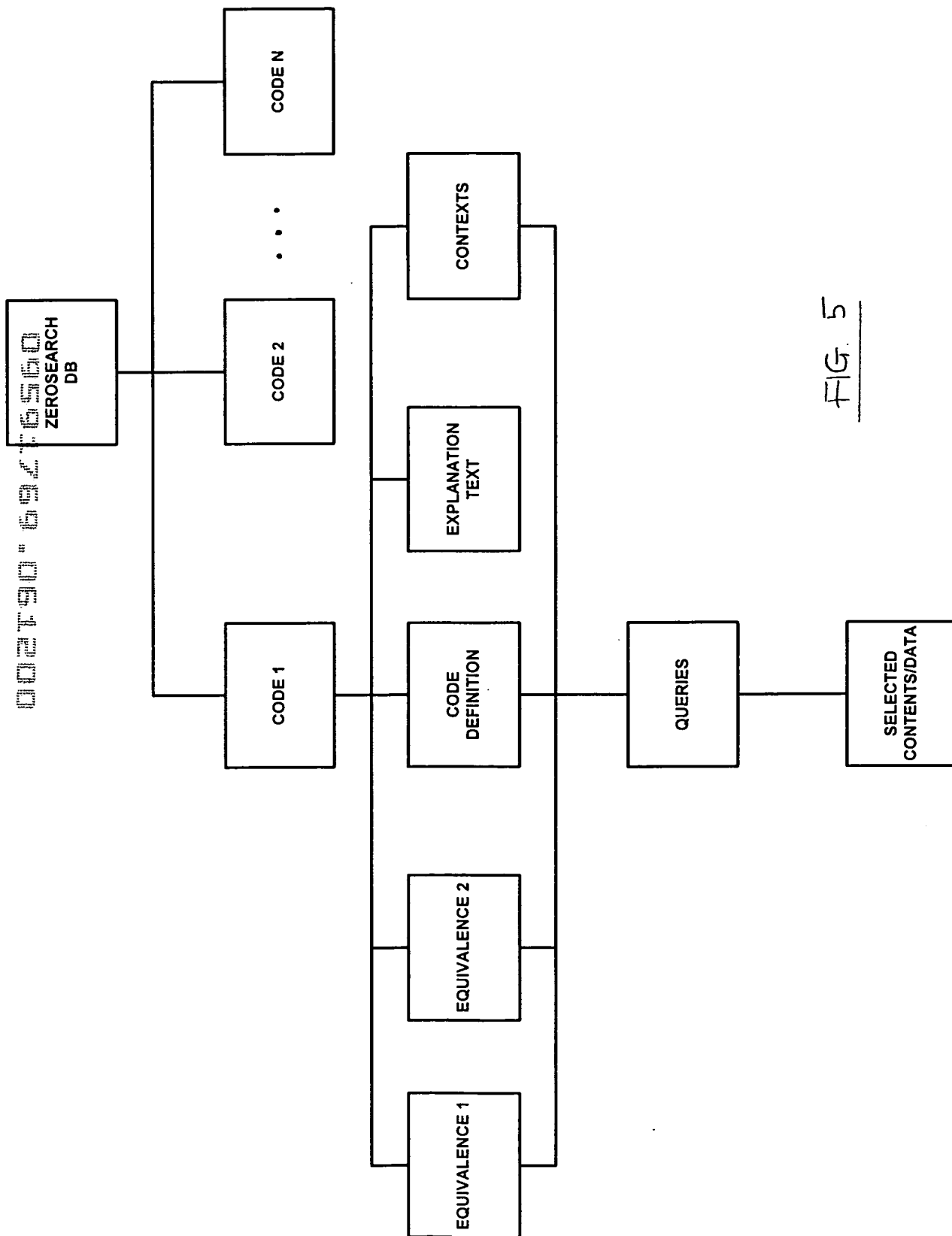


FIG. 4

003790" 59275950  
ZEROSearch


$$\frac{5}{14}$$

002190-091550

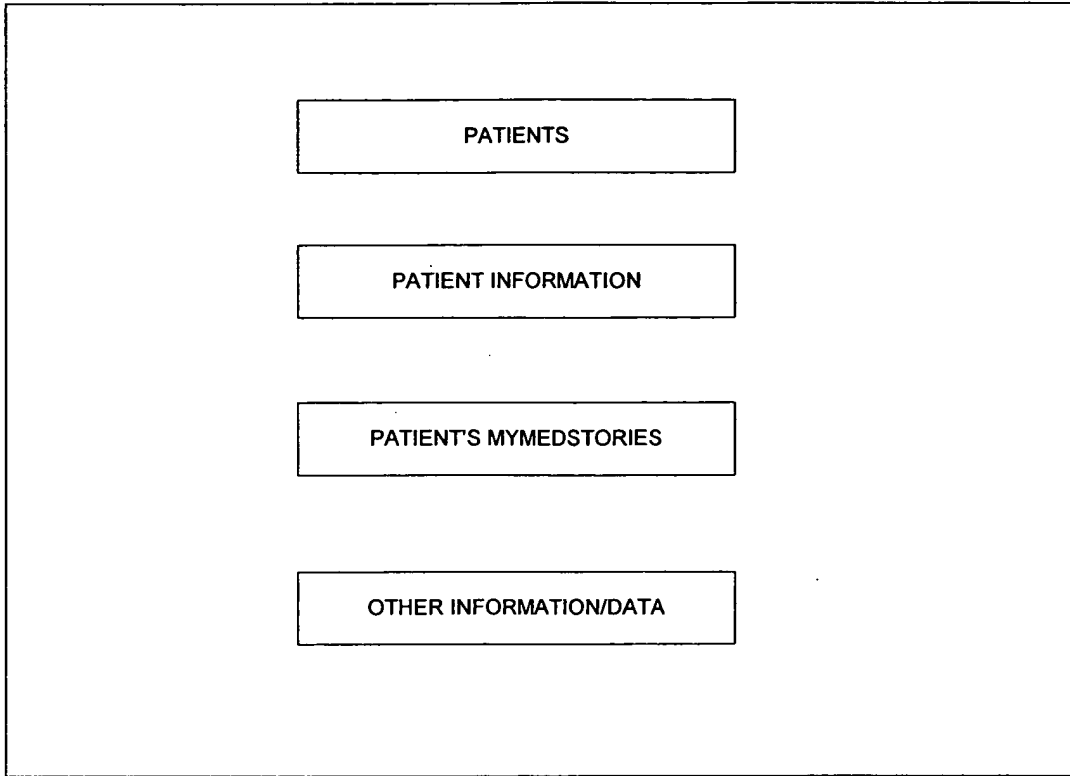


FIG. 6

002T90" 692T6560

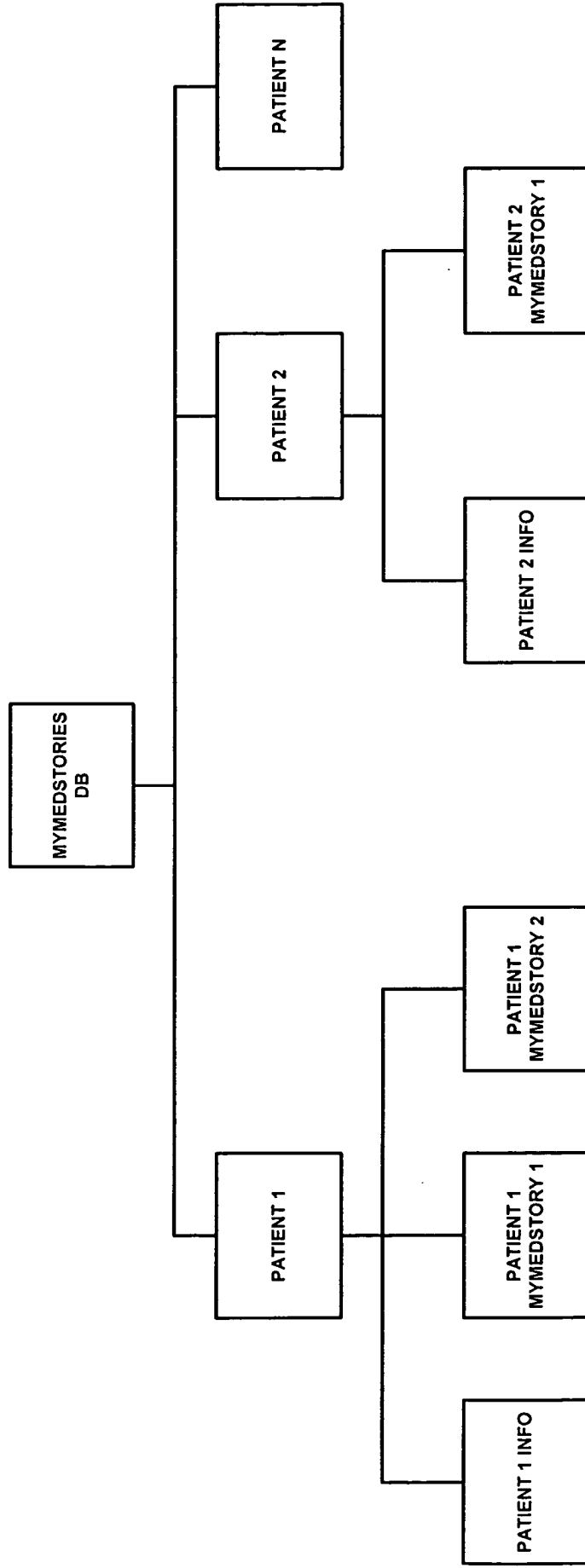


FIG. 7

002T90-692T6560

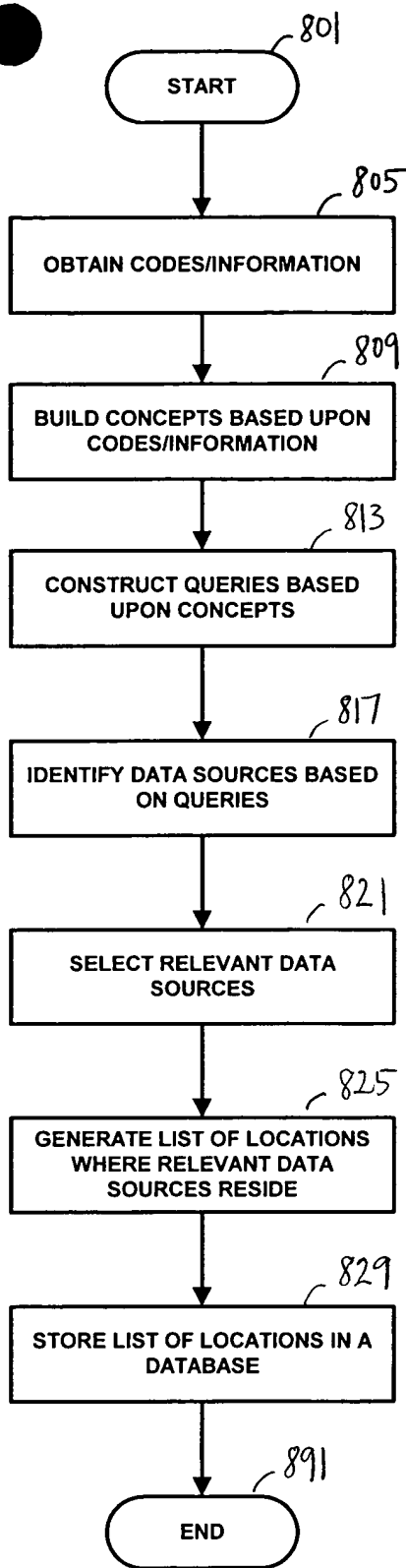


FIG. 8



002T90-692T6560

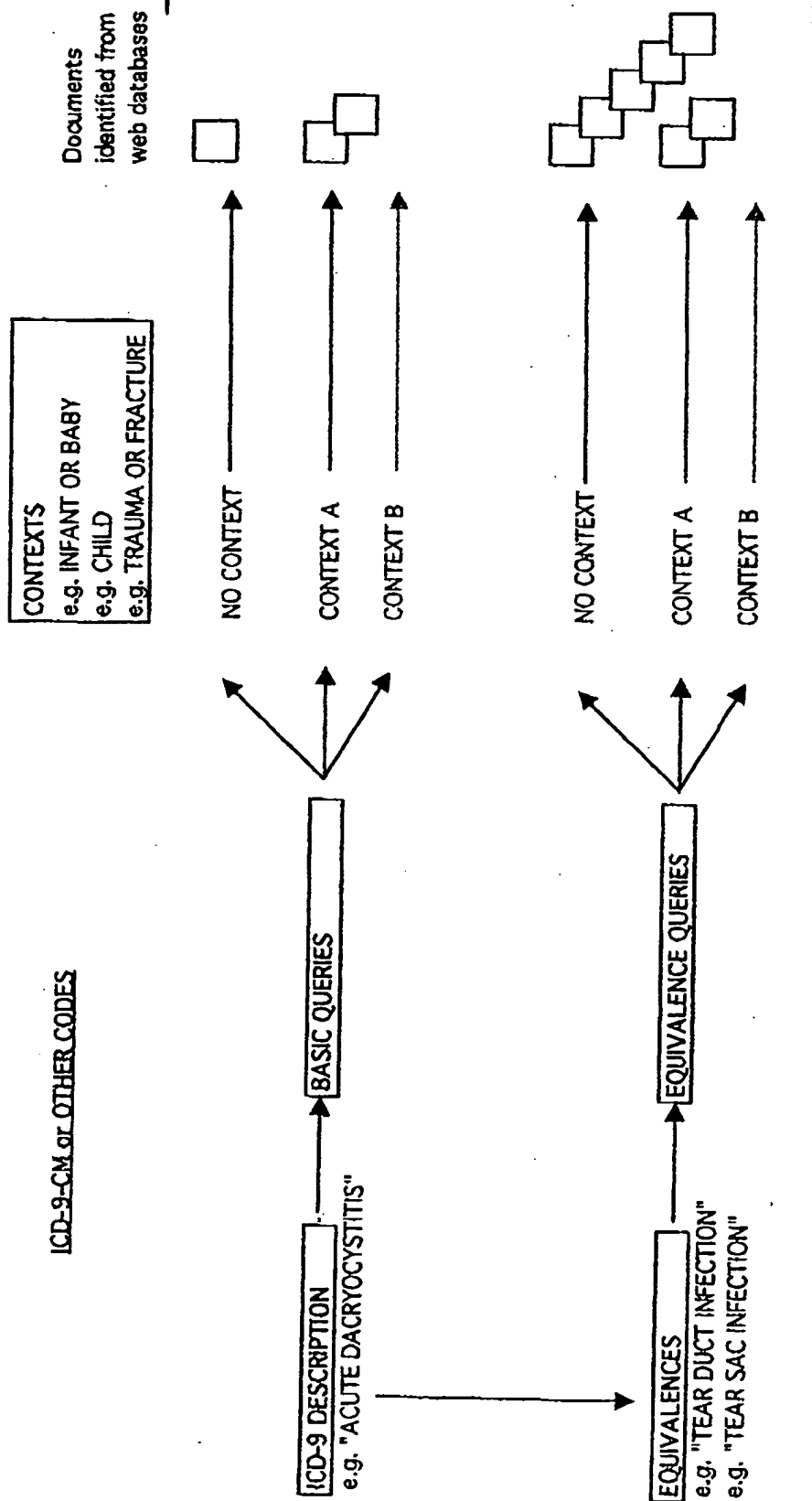
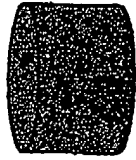


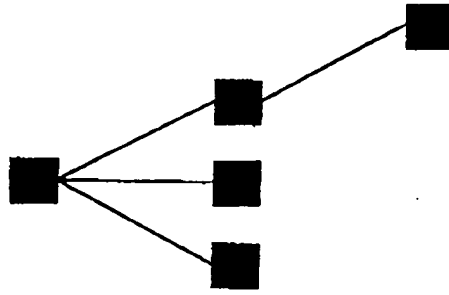
FIG. 9A

002T90" 692T6560

Zero-Search Database



ICD-9 Code Selected Document  
(no context)



ICD-9 Code Selected Documents  
with Specific Contexts



FIG. 9B

002T90" 692T6560

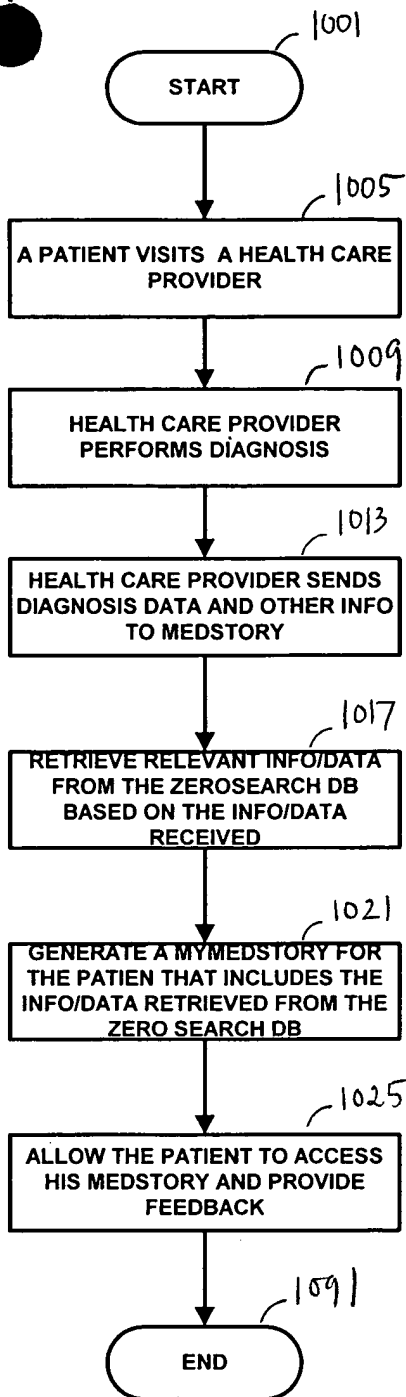


FIG. 10

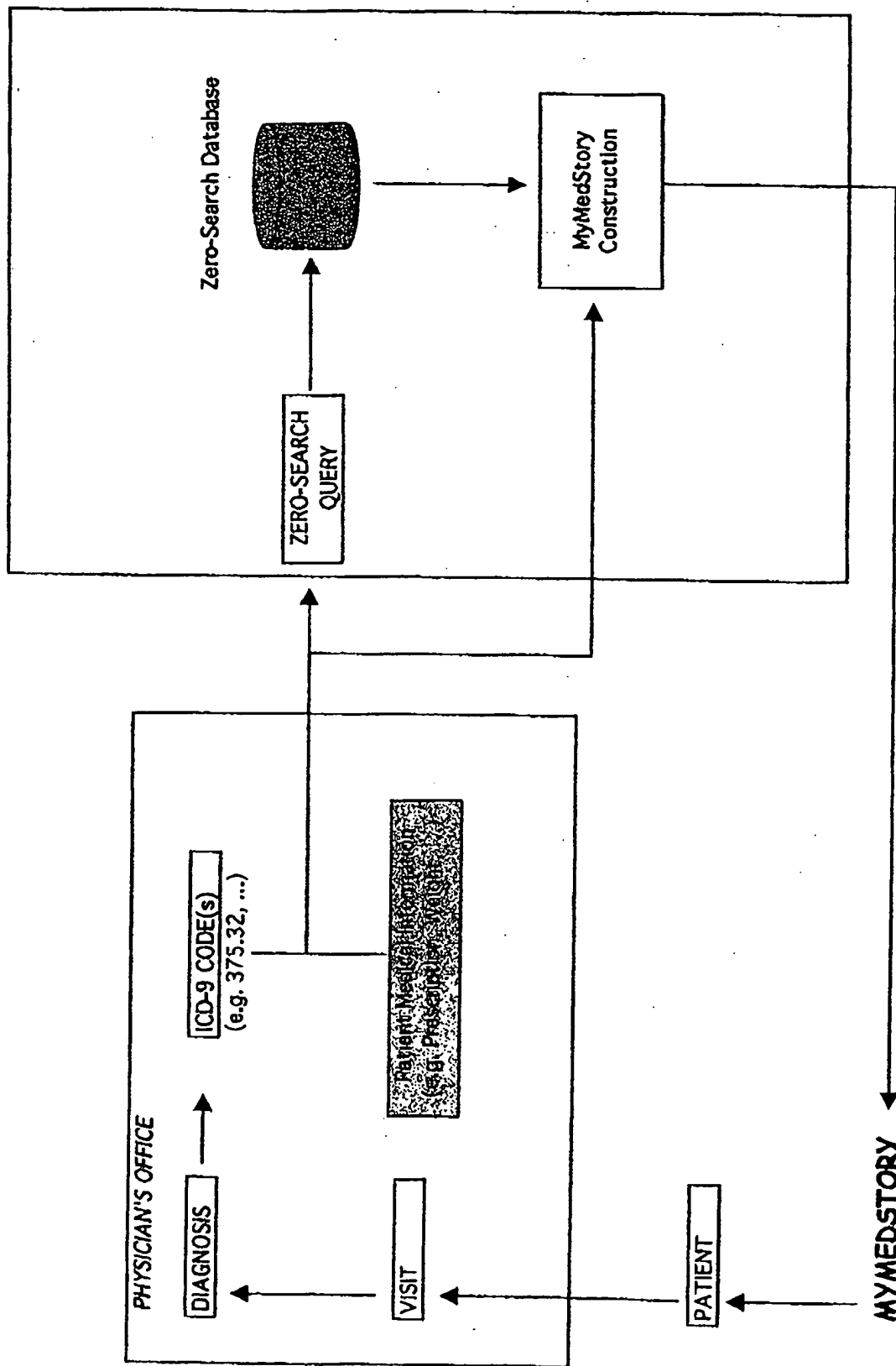


FIG. 11

002T90-692T6560

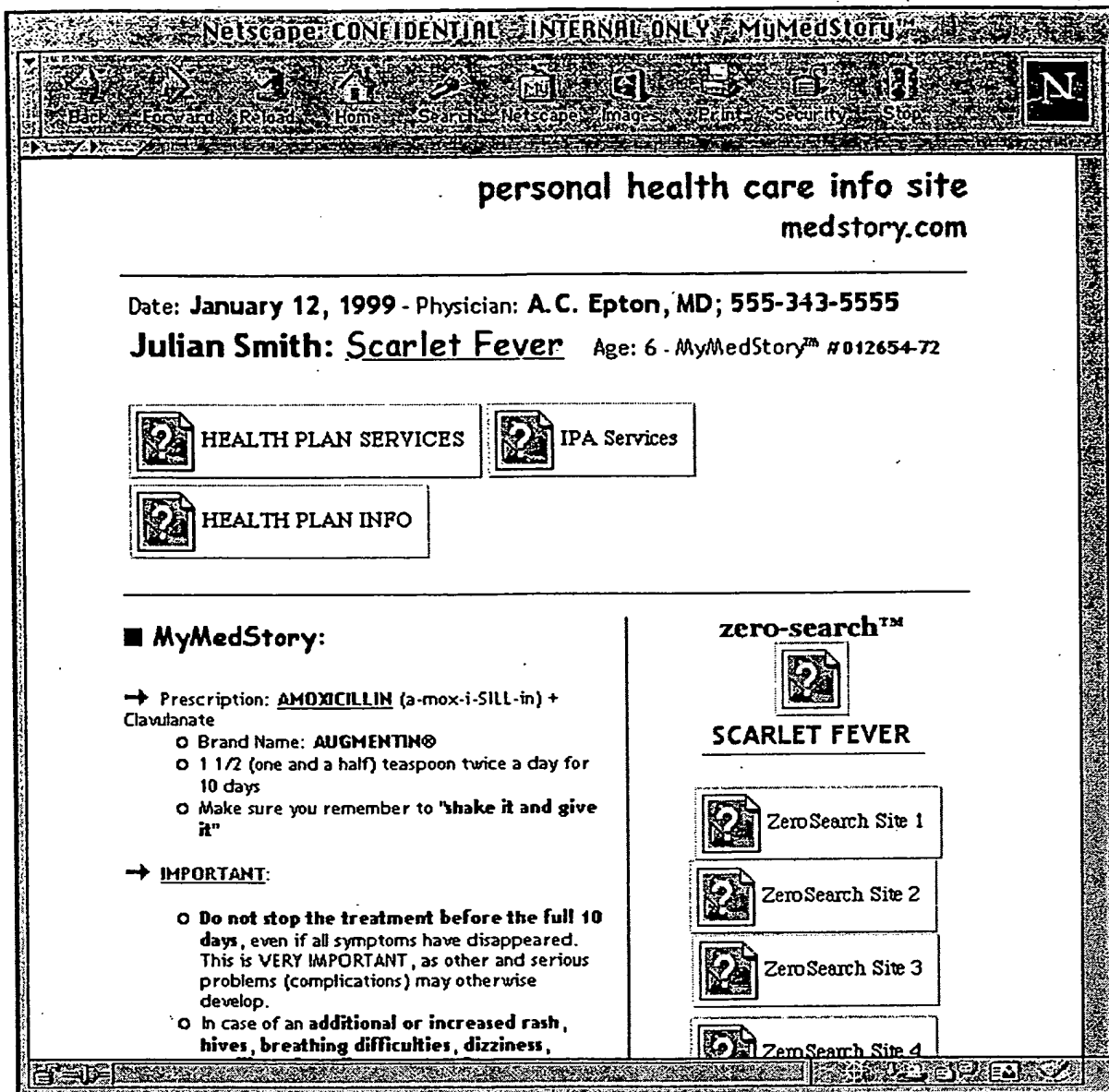


FIG. 12A

BEST AVAILABLE COPY

002790-69276560

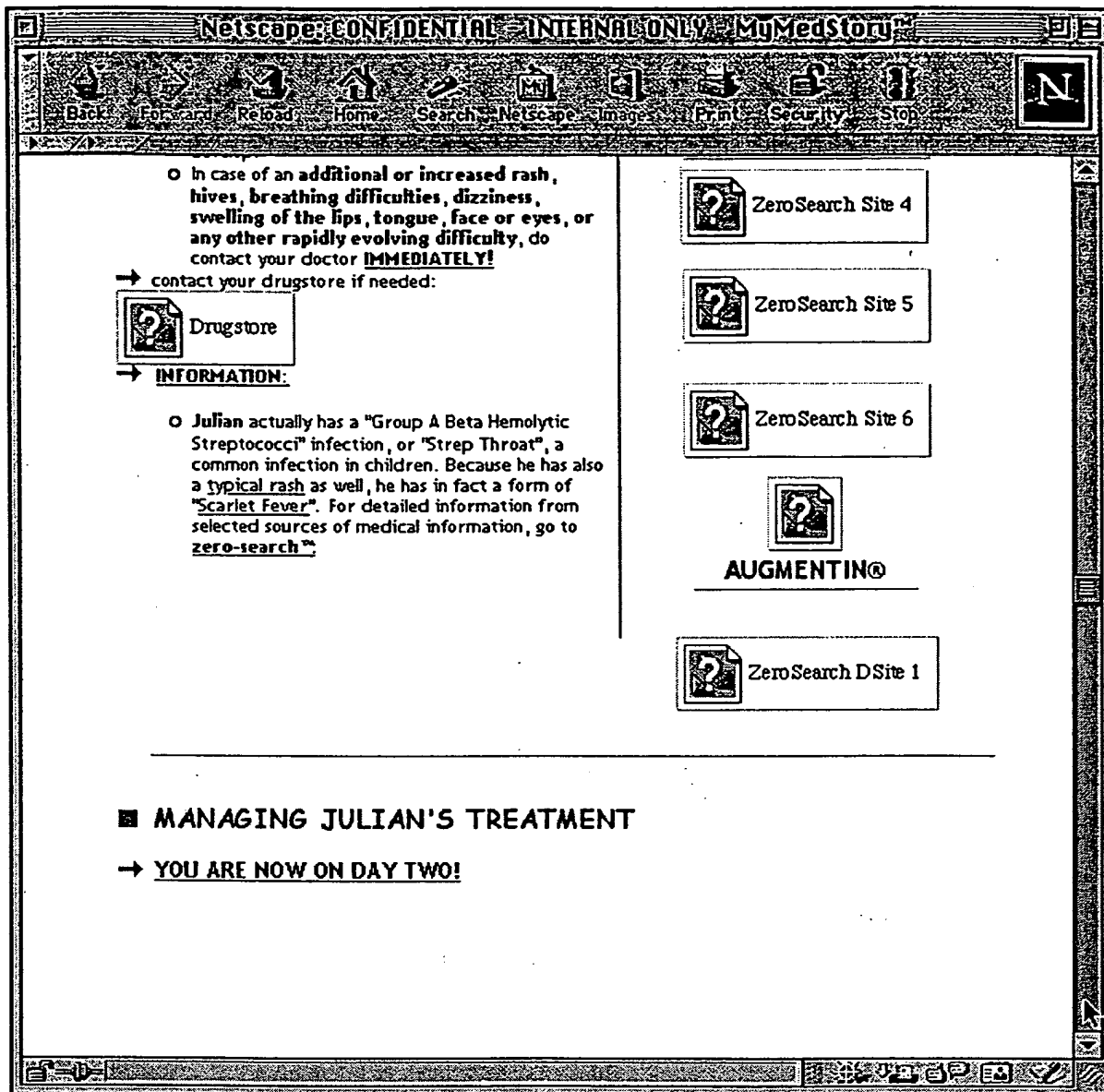


FIG. 12B

REST AVAILABLE COPY

00591769-061200

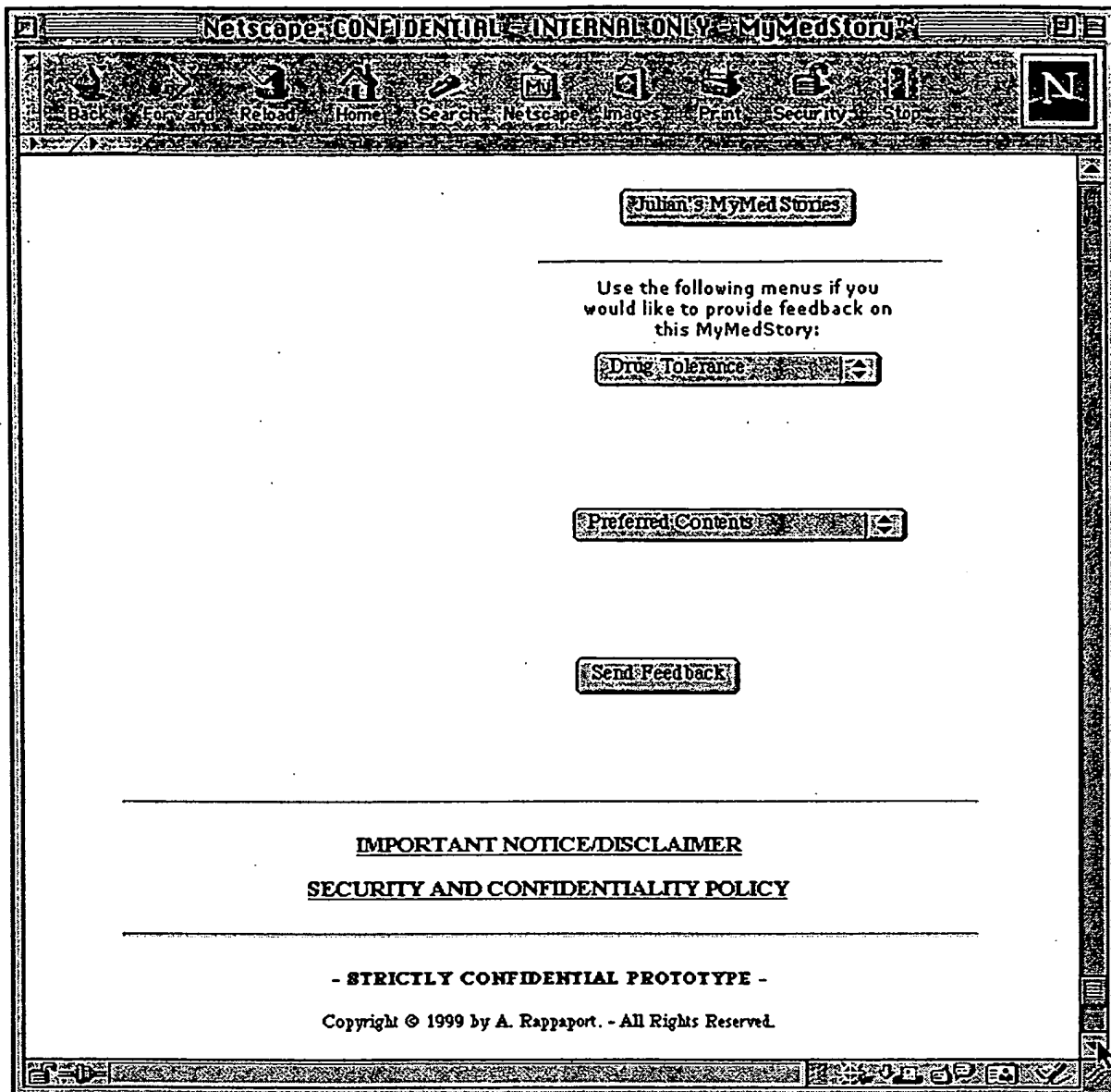


FIG. 12C

BEST AVAILABLE COPY

# INSURANCE REPORT

## PEDIATRICS

FIG. 13

Submit this report with your health insurance form

FEDERAL TAX NO.

NO	CODE	DOCTOR	
ACCOUNT NO.	MEMO	DOB	SEX DATE TIME
ADDRESS		CITY & STATE ZIP	

HOME PHONE	WORK PHONE	INSURANCE-1
------------	------------	-------------

UC	DESCRIPTION	CODE	FEE	LUC	DESCRIPTION	CODE	FEE	LUC	DESCRIPTION	CODE	FEE	
DESCRIPTION					LABORATORY							
01	Expanded Visit	99202		308	Hemoglobin	85018		602	Celestone	J0700		
02	Detailed Visit	99203		310	Mono Spot	86308		630	Decadron	J1100		
03	Comprehensive Visit	99204		316	Strep I.D.	86317			Therapeutic Injection	90782		
04	Prev. Med. 18 yrs. +	99385		318	TB-Intradermal	86580		604	Flu Virus	90724		
05	Prev. Med. 12-17 yrs.	99384		319	TB-Tine	86585		605	Gamma Globulin	90741		
06	Prev. Med. 5-11 yrs.	99383		322	Urine Dip Stick	81002		608	Penicillin > 600,000 units	J0540		
07	Prev. Med. 1-4 yrs.	99382		PROCEDURES					Therapeutic Injection	90788		
08	Prev. Med. Under 1 yr.	99381		404	Breathing Treatment	94664		618	Pneumococcal	90732		
09	Prev. Counsel 15 min.	99401		411	Subsequent Treatment	94665		626	Rocephin 250 mg.	J0696		
10	Prev. Counsel 30 min.	99402		400	Ear Piercing	69090			Intramuscular Inj.	90788		
11	Comprehensive Consult	99244		716	Impedance Test	92567-52		614	Rocephin 500 mg.	J0696		
				407	Remov. Impact. Cerumen	69210-52			Intramuscular Inj.	90788		
				408	Both ears	69210-50		632	DTaP	90700		
				410	Pulse Oximeter	94760		640	DTaP/HBCV	90721		
				715	Tympanogram	92567		625	DPT-HBCV	90720		
ESTABLISHED PATIENT					MATERIALS & SUPPLIES					612	DPT	90701
200	Brief Visit	99211		501	Ace Bandage	A4460		613	DT	90702		
201	Problem Focused	99212		599	Bronchodilator	J7620		628	Hepatitis A	90730		
202	Expanded Visit	99213		598	Nebulizer Tubing	A4616		639	Hepatitis A Acute	90730		
203	Detailed Visit	99214		503	Dressing	A4202		633	Hepatitis B 0-10 yrs.	90744		
204	Comprehensive Visit	99215		505	Finger Splint	A4570		634	Hepatitis B 11-19 yrs	90745		
205	Prev. Med. 18 yrs. +	99395		510	Silvadene	A4200		635	Hepatitis B 20 yrs. +	90746		
206	Prev. Med. 12-17 yrs.	99394		MISCELLANEOUS					607	HIB Titer	90737	
207	Prev. Med. 5-11 yrs.	99393		700	After Hours 5-6 p.m.	99050-52		615	MMR (Triple)	90707		
208	Prev. Med. 1-4 yrs.	99392		702	6-10 p.m. or Sat.	99050		623	Polio (Trivalent)	90712		
209	Prev. Med. Under 1 yr.	99391		704	Sunday/Holiday	99054		631	Polio (IPV)	90713		
210	Prev. Counsel 15 min.	99401		INJECTIONS					619	Oral Typhoid	90714-01	
211	Prev. Counsel 30 min.	99402		600	Allergy-X1	95115		610	Typhoid	90714		
212	Comprehensive Consult	99215-21		611	Allergy - Two or More	95117		627	Varicella	90716		
213	Pre-op Exam	99243										

<b>DIAGNOSIS CODES</b>											
ICD-9	LUC	DESCRIPTION	ICD-9	LUC	DESCRIPTION	ICD-9	LUC	DESCRIPTION	ICD-9	LUC	DESCRIPTION
730	2	Abdominal Pain	380.4	102	Ear Wax/Impacted	380.	265	Otitis Externa	771.7	249	Thrush
731	1	Acne	788.3	110	Enuresis	382.9	270	Otitis Media	463	891	Tonsillitis
739	95	A.D.O./Ann. Deficit Disorder	782.1	115	Exantham	462.	275	Pharyngitis	686.1	356	Umbilical Granuloma
739	5	Adj. Reaction/Unspec.	780.6	122	Fever/F.U.O.	486.	290	Pneumonia	455.	400	URI
739	10	Anemia/Unspec.	487.1	125	Flu Influenza	692.6	295	Poison Oak	599.0	405	UTI
739	15	Asthma	8		Fracture	477.9	300	Rhinitis, Allergic	615.10	410	Varicella
739	25	Bite-Insect	009.2	175	Gastroenteritis	057.8	302	Roseola Infantum	052.9	415	Varicella CPX
739	35	Bronchitis	074.3	176	Hand/Foot/Mouth Disease	461.	310	Sinusitis	079.1	420	Warts
739	36	Bronchospasm/Bronchiolitis	784.0	180	Headache	8		Sprain	079.9	500	W/C Concussion
739	40	Burn	020.2	185	Health Check-up	528.0	373	Stomatitis	308.3	501	Post Traumatic Stress
739	45	Cellulitis	785.2	186	Heart Murmur	034.0	375	Strep Throat	910.7	502	Sprain
739	51	Colic	228.0	187	Hemangioma	079.99	381	Suture Removal	<b>OTHER DIAGNOSIS:</b>		
739	60	Conjunctivitis	708.	195	Hives	520.7	383	Syndrome, Viral			
739	70	Concussion	272.0	194	Hypercholesterolemia						
739	71	Constipation	401.1	196	Hypertension						
739		Confusion	005.9	200	Immunizations						
739	92	Cradle Cap	684.	205	Impetigo						
739	93	Croup	783.3	209	Infant Feeding Problem						
739	367	Dacryostenosis (NLDO)	774.6	233	Jaundice						
739	111	Dehydration	683.	220	Lymphadenitis						
739	105	Dermatitis Atopic/Eczema	457.2	225	Lymphangitis						
739	107	Dermatitis Contact	579.8	226	Milk Intolerance						
739	108	Dermatitis Diaper	075.0	210	Mononucleosis						
739	96	Distraction Elbow	0872.00	229	Nevus						
739	98	Drug Reac/Allergic	388.70	273	Otitis						

RECALL DATE:

DOCTOR'S SIGNATURE:

Please remember that payment is your obligation regardless of insurance or third party involvement.

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TODAY'S CHARGES	
PAYMENTS	
AMOUNT DUE	

30 DAYS 60 DAYS 90 DAYS PREVIOUS BALANCE